

| United States Bankruptcy Court DISTRICT OF NEW JERSEY | | | | Voluntary Petition | | | | | | | | | | | |
|--|--|---|--|--|---|--|---|---|---|--|---|---|--|--|--|
| Name of Debtor (if individual, enter Last, First, Middle): Miller Health Care, LLC | | | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | | | | | | | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): dba Lawrenceville Nursing Rehabilitation Center | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | | | | | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): ITIN: 1520; EIN: 20-4181520 | | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): | | | | | | | | | | | | |
| Street Address of Debtor (No. and Street, City, and State) 112 Franklin Corner Road Lawrenceville, NJ | | | Street Address of Joint Debtor (No. and Street, City, and State) | | | | | | | | | | | | |
| ZIPCODE 08648 | | | ZIPCODE | | | | | | | | | | | | |
| County of Residence or of the Principal Place of Business: Mercer | | | County of Residence or of the Principal Place of Business: | | | | | | | | | | | | |
| Mailing Address of Debtor (if different from street address): | | | Mailing Address of Joint Debtor (if different from street address): | | | | | | | | | | | | |
| ZIPCODE | | | ZIPCODE | | | | | | | | | | | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | ZIPCODE | | | | | | | | | | | | |
| Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____ | | Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code) | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input checked="" type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). ----- Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b). | | | | | | | | | | | | |
| Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | THIS SPACE IS FOR COURT USE ONLY | | | | | | | | | | | |
| Estimated Number of Creditors <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input checked="" type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1000-5000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table> | | | | <input type="checkbox"/> 1-49 | <input type="checkbox"/> 50-99 | <input type="checkbox"/> 100-199 | <input checked="" type="checkbox"/> 200-999 | <input type="checkbox"/> 1000-5000 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,001-100,000 | <input type="checkbox"/> Over 100,000 | | |
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 50-99 | <input type="checkbox"/> 100-199 | <input checked="" type="checkbox"/> 200-999 | <input type="checkbox"/> 1000-5000 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,001-100,000 | <input type="checkbox"/> Over 100,000 | | | | | | |
| Estimated Assets <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table> | | | | <input type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion | | |
| <input type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion | | | | | | |
| Estimated Liabilities <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table> | | | | <input type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000 | <input type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input checked="" type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion | | |
| <input type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000 | <input type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input checked="" type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion | | | | | | |

Voluntary Petition

(This page must be completed and filed in every case)

Document**Page 2 of 106**

Name of Debtor(s):

Miller Health Care, LLC

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

| | | |
|----------------------------|--------------|-------------|
| Location Where Filed: NONE | Case Number: | Date Filed: |
| Location Where Filed: N.A. | Case Number: | Date Filed: |

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

| | | |
|----------------------|---------------|-------------|
| Name of Debtor: NONE | Case Number: | Date Filed: |
| District: | Relationship: | Judge: |

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.
Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No
Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.
Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

☐ Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

| | | |
|---|---|--|
| B1 (Official Form 1) (4/10) | Document | Page 3 of 106 |
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | | Name of Debtor(s): Miller Health Care, LLC |
| Signatures | | |
| <p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p> | <p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ (Date)</p> | |
| <p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ Scott M. Zauber, Esq.</u> Signature of Attorney for Debtor(s)</p> <p><u>SCOTT M. ZAUBER, ESQ. SZ6086</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Subranni Zauber LLC</u> Firm Name</p> <p><u>1624 Pacific Avenue</u> Address</p> <p><u>POB 1913 Atlantic City, NJ 08404</u></p> <p><u>(609) 347-7000</u> Telephone Number</p> <p><u>June 18, 2011</u> Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p> | <p style="text-align: center;">Signature of Non-Attorney Petition Preparer</p> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>_____ Date</p> <p>X _____ Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p> | |
| <p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Thomas Miller</u> Signature of Authorized Individual</p> <p><u>THOMAS MILLER</u> Printed Name of Authorized Individual</p> <p><u>Managing Member</u> Title of Authorized Individual</p> <p><u>June 18, 2011</u> Date</p> | | |

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re Miller Health Care, LLC ,

Debtor

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| (1) | (2) | (3) | (4) | (5) |
|---|--|--|---|--|
| <i>Name of creditor and complete mailing address including zip code</i> | <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | <i>Nature of claim (trade debt, bank loan, government contract, etc.</i> | <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i> | <i>Amount of claim [if secured also state value of security]</i> |

| | |
|---|-----------|
| ACULABS, INC. 2 KENNEDY BLVD. EAST BRUNSWICK, NJ 08816 | 12,444.37 |
|---|-----------|

| | |
|--|-----------|
| Horizon Blue Cross Blue Shield Ste 1, 949 Raymond Blvd. Newark, NJ 07105 | 12,698.92 |
|--|-----------|

| | |
|--|-----------|
| Mobilex USA 930 Ridgebrook Rd 3rd Fl Sparks Glencoe, MD 21152-9390 | 13,402.36 |
|--|-----------|

| (1) | (2) | (3) | (4) | (5) |
|---|--|--|---|--|
| <i>Name of creditor and complete mailing address including zip code</i> | <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | <i>Nature of claim (trade debt, bank loan, government contract, etc.</i> | <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i> | <i>Amount of claim [if secured also state value of security]</i> |
| MIDCO WASTE SYSTEMS 5 INDUSTRIAL DRIVE NEW BRUNSWICK, NJ 08901 | | | | 16,058.71 |
| TEAMSTERS LOCAL 35 PENSION FUND 620 US ROUTE 130 YARDVILLE, NJ 08691 | | | | 17,330.00 |
| Amerihealth Casualty Svcs 8000 Midlantic Dr # 333N Mount Laurel, NJ 08054-1518 | | | | 27,973.93 |
| FDR Services Corp. One Ames Court. Ste 204 Plainview, NY 11803 | | | | 28,274.47 |
| LTC CONSULTING SERVICES 7 RANDOLPH ROAD HOWELL, NJ 07731 | | | | 30,000.00 |
| TEAMSTERS LOCAL 35 HEALTH FUND 620 US ROUTE 130 YARDVILLE, NJ 08691 | | | | 39,333.75 |

| (1) | (2) | (3) | (4) | (5) |
|---|--|--|---|--|
| <i>Name of creditor and complete mailing address including zip code</i> | <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | <i>Nature of claim (trade debt, bank loan, government contract, etc.</i> | <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i> | <i>Amount of claim [if secured also state value of security]</i> |
| PSE&G Co Electric 8 Lyndon Dr. Hillsborough, NJ 08844-3033 | | | | 42,258.57 |
| US POST ACUTE SERVICE SOLUTIONS 2029 MORRIS AVENUE SUITE 2 UNION, NJ 07083 | | | | 53,714.00 |
| CONFIDENCE SERVICES LLC 1420 EAST LINDEN AVENUE LINDEN, NJ 07036 | | | | 81,795.00 |
| PHARMCARE USA 95 NEWFIELD AVENUE SUITE B EDISON, NJ 08837 | | | | 87,504.53 |
| Lawrence Twp Tax Collector 2207 Lawrence Road Lawrence Twp, NJ 08648 | | | | 103,279.68 |
| CENTRAL CARE SOLUTIONS 1420 E LINDEN AVENUE LINDEN, NJ 07036 | | | | 127,976.16 |

| (1) <i>Name of creditor and complete mailing address including zip code</i> | (2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | (3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i> | (4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i> | (5) <i>Amount of claim [if secured also state value of security]</i> |
|--|---|---|--|---|
| NJ Nursing Home Provider Assessment NJ Div of Taxation 50 Barrack Street Trenton, NJ 08695-0198 | | | | 185,290.32 |
| Select Medical Corporation 4714 Gettysburg Road Mechanicsburg, PA 17055 | | | | 263,720.60 |
| HEALTHCARE SERVICES GROUP, INC SUITE 300 3220 TILLMAN DRIVE BENSALEM, PA 19020 | | | | 448,729.48 |
| PRIME REHABILITATION SERVICES 220 WHITE PLAINS ROAD SUITE 550 TARRYTOWN, NY 10591 | | | | 526,559.29 |
| PARTNERS PHARMACY 70 JACKSON DRIVE CRANFORD, NJ 07016 | | | | 678,880.71 |

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, [the president or other officer or an authorized agent of the corporation] named as debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date June 18, 2011

Signature /s/ Thomas Miller
THOMAS MILLER,
Managing Member

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Miller Health Care, LLC Case No. _____
Debtor (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|---|-----------------------------------|--|-------------------------|
| None | | | | |
| Total | | | 0.00 | |

(Report also on Summary of Schedules.)

In re Miller Health Care, LLC Case No. _____
Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--|--------------------------------------|--|
| 1. Cash on hand. | | Cash on hand | | 60.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Petty cash TD Bank Account Wachovia Accounts | | 100.00 25,867.48 1,934.77 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | X | | | |
| 5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | X | | | |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |

In re Miller Health Care, LLC Case No. _____ Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|--|--------------------------------------|--|
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | | Accounts Receivable 1.3 million gross 400K liquidation value | | 400,000.00 |
| 17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owing debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | | Healthcare License Not able to sell | | Indeterminate |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 2000 BMW 740IL Liquidation Value | | 5,000.00 |
| | | 2006 Ford Expedition | | 7,500.00 |

In re Miller Health Care, LLC Case No. _____
Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|--------------------------------------|--|
| 26. Boats, motors, and accessories. | X | Furniture Fixtures and Equipment Estimated Liquidation Value | | 15,000.00 |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| 0 continuation sheets attached Total | | | | \$ 455,462.25 |

(Include amounts from any continuation
sheets attached. Report total also on
Summary of Schedules.)

In re Miller Health Care, LLC

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ 11 U.S.C. § 522(b)(2)☐ Check if debtor claims a homestead exemption that exceeds
\$146,450*.☐ 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|-------------------------|--------------------------------------|----------------------------|---|
| Not Applicable. | | | |

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)In re Miller Health Care, LLC,

Case No. _____

Debtor

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|--|--|------------|--------------|----------|---|---------------------------------|
| | | | | | | | |
| ACCOUNT NO. | | Lien: PMSI in vehicle < 910 days Security: 2006 Ford Expedition | | | | 6,544.43 | 0.00 |
| Ford Motor Credit POB 542000 Omaha, NE 68154 | | | | | | | |
| | | VALUE \$ 7,500.00 | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | | | | | | |
| | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | | | | | | |
| | | VALUE \$ | | | | | |

0 continuation sheets attached

| | | |
|----------------------------------|-------------|---------|
| Subtotal (Total of this page) | \$ 6,544.43 | \$ 0.00 |
| Total (Use only on last page) | \$ 6,544.43 | \$ 0.00 |

(Report also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (04/10)

In re Miller Health Care, LLC
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Miller Health Care, LLC,
Debtor

Case No. _____
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

** Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

In re Miller Health Care, LLC,

Case No. _____

Debtor

(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| A.C. Black Landscaping 94A Crosswicks-Ellisdale Rd Allentown, NJ 08501 | | | X | X | X | Unknown |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ABLE MEDICAL TRANSPORTATION INC PO BOX 6837 BRIDGEWATER, NJ 08807-0837 | | | | | | 3,088.89 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ACCESS INTERACTIVE LLC 46665 MAGELLAN DRIVE NOVI, MI 48377 | | | | | | 169.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ACHCA PO BOX 75060 BALTIMORE, MD 21275-5060 | | | | | | 572.00 |
| Subtotal ➤ | | | | | | \$ 3,829.89 |
| Total ➤ | | | | | | \$ |

58 continuation sheets attached

(Use only on last page of the completed Schedule F.)

(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| ACULABS, INC. 2 KENNEDY BLVD. EAST BRUNSWICK, NJ 08816 | | | | | | 12,444.37 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| AIR CARE OF NJ, INC 127 ROUTE 206 SUITE 35 HAMILTON, NJ 08610 | | | | | | 3,255.31 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| AIRGAS EAST PO BOX 827049 PHILADELPHIA, PA 19182 | | | | | | 4,496.20 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| AJANTA S VINEKAR MD "666 PLAINSBORO RD SUITE 228, BLDG 200 PLAINSBORO, NJ 08536 | | | | | | 650.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ALAN LANDA 1072 MADISON AVENUE LAKEWOOD, NJ 08701 | | | | | | 105.00 |

Sheet no. 1 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 20,950.88

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| ALLSTATE MEDICAL 34 35TH STREET BROOKLYN, NY 11232 | | | | | | 4,389.96 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ALTERNATIVES FOR SENIORS PO BOX 833 SOUTHFIELD, MI 48037 | | | | | | 171.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ALTIGRO 3 US HIGHWAY 46 WEST FAIRFIELD, NJ 07004-2904 | | | | | | 1,950.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| AMALFI'S 146 Lawrenceville Pennington Road Lawrence Twp, NJ 08648-1461 | | | | | | 678.05 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| AMARACHI ANABARONYE | | | | | | 43.39 |

Sheet no. 2 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 7,232.40

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| American Hospice 50 N. Laura St. Ste 1800 Jacksonville, FL 32202 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| American Hospitals Patient Guide POB 1031 Schenectady, NY 12301 | | | X | X | X | Unknown |
| ACCOUNT NO. | | | | | | |
| American Hospitals Pub Group POB 1031 Schenectady, NY 12301 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Amerihealth Casualty Svcs 8000 Midlantic Dr # 333N Mount Laurel, NJ 08054-1518 | | | | | | 27,973.93 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| AMERIHEALTH CASUALTY SVCS-109 LOCKBOX #8271 PO BOX 8500 PHILADELPHIA, PA 19178 | | | | | | Notice Only |

Sheet no. 3 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 27,973.93

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| AMERIKEM 136 ARLINGTON AVENUE BLOOMFIELD, NJ 07003 | | | | | | 320.68 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| AMSTERDAM PRINTING & LITHO PO BOX 701 AMSTERDAM, NY 12010 | | | | | | 600.95 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ARAMSCO PO BOX 29 THOROFARE, NJ 08086-0029 | | | | | | 160.10 |
| ACCOUNT NO. | | | | | | |
| Atlantic Central Station Inc. POB 158 Lyndhurst, NJ 07071 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| AUDIO MESSAGING SOLUTIONS, LLC PO BOX 890271 CHARLOTTE, NC 28289-0271 | | | | | | 354.00 |

Sheet no. 4 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,435.73

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Bollinger, Inc. 232 Strawbridge Dr. Moorestown, NJ 08057 | | | | | | 0.00 |
| ACCOUNT NO. | | | | | | |
| Borden Perlman Insurance Co 2000 Lenox Drive Ste 202 Lawrenceville, NJ 08648 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| BROADVIEW NETWORKS PO BOX 9242 UNIONDALE, NY 11555-9242 | | | | | | 6,016.23 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| BSD CARE 2915 AVE K BROOKLYN, NY 11210 | | | | | | 6,258.43 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Buchanan Ingersoll & Rooney 700 Alexander Park Ste 300 Princeton, NJ 08540 | | | | | | 6,994.00 |

Sheet no. 5 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 19,268.66

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| CAMERON CHANDLER 228 WEST MAPLE STREET AMBLER, PA 19002-5738 | | | | | | 200.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| CANON FINANCIAL SERVICES INC 14904 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-014 | | | | | | 1,472.85 |
| ACCOUNT NO. | | | | | | |
| Care Alternatives 70 Jackson Drive Ste 200 Cranford, NJ 07016 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Care Associates Network 147 Columbia Tpke Ste 302 Florham Park, NJ 07932 | | | | | | 3,400.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| CAREMED INC PO BOX 67 CEDARHURST, NY 11516 | | | | | | 128.29 |

Sheet no. 6 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 5,201.14

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Caring Hospice Services 400 Commerce Dr Ste C Fort Washington, PA 19034 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| CENTRAL CARE SOLUTIONS 1420 E LINDEN AVENUE LINDEN, NJ 07036 | | | | | | 127,976.16 |
| ACCOUNT NO. | | | | | | |
| CertaPro Painters 300 Mill St. Moorestown, NJ 08057 | | | | | | 0.00 |
| ACCOUNT NO. | | | | | | |
| CHE Senior Care Therapy 85 Crescent Ave. Passaic, NJ 07055 | | | | | | 0.00 |
| ACCOUNT NO. | | | | | | |
| Cherry Hill Pharmacy LTC 1951 Old Cuthbert Rd Ste 306 Cherry Hill, NJ 08034 | | | | | | 0.00 |

Sheet no. 7 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 127,976.16

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 582618 Chicago Insurance Company 55 E. Monroe St. Chicago, IL 60603 | | | | | | 0.00 |
| ACCOUNT NO. CHILDREN'S BREAD DELIVERANCE | | Consideration: Other | | | | 50.00 |
| ACCOUNT NO. Chinenye Onyenali 113 Johnston Ave. Hamilton, NJ 08609 | | Consideration: Other | | | | 325.50 |
| ACCOUNT NO. CHOICE CARE CARD LLC 76 MCNEIL ROAD 2ND FLOOR WATERBURY CENTER, VT 05677 | | Consideration: Other | | | | 630.00 |
| ACCOUNT NO. CHS, INC - MERCER CAMPUS PO BOX 8500-1576 PHILADELPHIA, PA 19178-1576 | | Consideration: Other | | | | 1,607.80 |

Sheet no. 8 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,613.30

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| CHS, INC. - FULD CAMPUS PO BOX 8500-1571 PHILADELPHIA, PA 19178-1571 | | | | | | 698.88 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| CLIA LABORATORY PROGRAM POB 361 TRENTON, NJ 08625-0360 | | | | | | 300.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| COLETTE BOGIE 857 OLD WHITEHORSE PIKE WATERFORD, NJ 08089 | | | | | | 225.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| COLONIAL SUPPLEMENTAL INSURANCE PREMIUM PROCESSING PO BOX 903 COLUMBIA, SC 29202-090 | | | | | | 636.90 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| COLORADO BANKERS LIFE PO BOX 17007 DENVER CO 80217-0007 | | | | | | 375.00 |

Sheet no. 9 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,235.78

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| COMCAST PO BOX 840 NEWARK, NJ 07101-0840 | | | | | | 477.45 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| COMMERCIAL READERS SVC PO BOX 3696 BLOOMINGTON, IL 61702-3696 | | | | | | 12.48 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| COMTEL TECHNOLOGY GROUP, INC. 2602 EAST 7TH AVENUE SUITE 200 TAMPA, FL 33605 | | | | | | 695.00 |
| ACCOUNT NO. | | | | | | |
| ConEdison Solutions 701 Westchester Ave Ste 300E White Plains, NY 10604 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| CONFIDENCE SERVICES LLC 1420 EAST LINDEN AVENUE LINDEN, NJ 07036 | | | | | | 81,795.00 |

Sheet no. 10 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 82,979.93

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| COOLERSMART "W510182, PO BOX 7777 PHILADELPHIA, PA 19175" | | | | | | 539.10 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| COOPER PEST SOLUTIONS 351 LAWRENCE STATION ROAD LAWRENCEVILLE, NJ 08648-26 | | | | | | 703.26 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| CREATIVE FORECASTING PO BOX 7789 COLORADO SPRINGS, CO 80933-7789 | | | | | | 120.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| CROKER FIRE DRILL CORP PO BOX 368 ISLIP TERRACE, NY 11752-0368 | | | | | | 657.80 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| CURRENT TECHNOLOGIES ELECTRONICS PO BOX 41 JACKSON, NJ 08527 | | | | | | 377.71 |

Sheet no. 11 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,397.87

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| DATA CONTROL TECHNOLOGY, INC 9 CHURCH STREET SUITE 202 HORNEILL, NY 14843 | | | | | | 630.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| DAVID M. WACKSMAN "RE: AMBASSADOR ANCILLARY 20 COURT STREET, 4TH FLOOR" | | | | | | 7,000.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| DAYDOTS 24198 NETWORK PLACE CHICAGO, IL 60673-1241 | | | | | | 121.17 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| DELCREST MEDICAL SUPPLIES, LLC 2670 NOTTINGHAM WAY HAMILTON, NJ 08619 | | | | | | 4,580.95 |
| ACCOUNT NO. | | | | | | |
| Delta-T Group, Inc. 101 S. Bryn Mawr Ave Ste 270 Bryn Mawr, PA 19010 | | | | | | 0.00 |

Sheet no. 12 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 12,332.12

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | 10.00 |
| DH SPECIAL SERVICES 107 BROOKVILLE ROAD BARNEGAT, NJ 08005 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 2,297.36 |
| DIRECT CARE CORP. 31 SKYLINE DRIVE PLAINVIEW, NY 11803 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 1,529.14 |
| DIRECT SUPPLY BOX 88201 MILWAUKEE WI 53288-0201 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 2,000.00 |
| DR. NILESH RANA 1531 BUCK CREEK DRIVE YARDLEY, PA 19067 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 6,274.76 |
| DRISCOLL FOODS 174 DELAWANNA AVENUE CLIFTON, NJ 07014 | | | | | | |

Sheet no. 13 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 12,111.26

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| DSI of Trenton LLC 1840 Princeton Ave. Lawrenceville, NJ 08648 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| DYNALINK COMMUNICATIONS PO BOX 1219 OLD CHELSEA STATION NEW YORK, NY 10113-1 | | | | | | 1,384.89 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ECOLAB PO BOX 905327 CHARLOTTE, NC 28290-5327 | | | | | | 1,040.60 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| EDGE INFORMATION MANAGEMENT, INC PO BOX 3378 MELBOURNE, FL 32902-3378 | | | | | | 569.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| EMA EMERGENCY MEDICAL ASSOCIATES PO BOX 747 LIVINGSTON, NJ 07039 | | | | | | 2,583.00 |

Sheet no. 14 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 5,577.49

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Embracing Hospice 109 South Main Street Cranbury, NJ 08512 | | | | | | 0.00 |
| ACCOUNT NO. | | | | | | |
| Embracing HospiceCare of NJ West LLC 2101 Hwy 34 South Ste B Wall, NJ 07719 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ENCORE FLORIST & PALM HOUSE 2307 S. BROAD STREET HAMILTON, NJ 08610 | | | | | | 40.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| EPOWER ELECTRICAL CONTRACTORS Cranbury, NJ 08512 | | | | | | 1,800.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ERNEST KOSCIES | | | | | | 2,071.00 |

Sheet no. 15 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,911.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| EVANS AUDIOLOGY & HEARING AID CE 2657 NOTTINGHAM WAY MERCERVILLE, NJ 08619 | | | | | | 350.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| FDR Services Corp. One Ames Court. Ste 204 Plainview, NY 11803 | | | | | | 28,274.47 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| FDR SERVICES CORP. PO BOX 1010 PLAINVIEW, NY 11803 | | | | | | Notice Only |
| ACCOUNT NO. | | Consideration: Other | | | | |
| FED EX PO BOX 371461 PITTSBURGH, PA 15250-7461 | | | | | | 83.75 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| FORD CREDIT BOX 220564 PITTSBURGH, PA 15257-2564 | | | | | | 1,030.42 |

Sheet no. 16 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 29,738.64

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Fraser Advanced Info Systems 800 Walnut St MAC F4031-040 Des Moines, IA 50309 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| FRASER-SUPPLIES PO BOX 7 READING, PA 19603-0007 | | | | | | 427.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| G & C ELECTRONICS 317 CHURCH STREET LAKEHURST, NJ 08733 | | | | | | 230.61 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| GENERAL HEALTHCARE RESOURCES 2250 Hickory Rd. Ste. 240 Plymouth Meeting, PA 19462 | | | | | | 6,000.00 |
| ACCOUNT NO. | | | | | | |
| Genesis Healthcare Corp 101 E. State St. Kennett Square, PA 19348 | | | | | | 0.00 |

Sheet no. 17 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 6,657.61

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| GENSERVE INC 998 TAUNTON AVENUE WEST BERLIN, NJ 08091 | | | | | | 1,803.60 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| GENTELL 3600 BOUNDBROOK TREVOSE, PA 19053 | | | | | | 2,715.91 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| GEORGE SINKLER 3008 LIMEKILM PIKE NORTH HILLS, PA 19038 | | | | | | 420.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| GLOBAL MEDICAL 7024 TROY HILL DRIVE SUITE N ELKRIDGE, MD 21075 | | | | | | 222.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| GLUCK WALRATH 428 RIVER VIEW PLAZA TRENTON, NJ 08611 | | | | | | 11,243.57 |

Sheet no. 18 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 16,405.08

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Greenwood House Hospice 50 Walter St. Ewing, NJ 08628 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| H&R HEALTHCARE 1750 OAK STREET LAKEWOOD, NJ 08701 | | | | | | 2,777.72 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| HAMILTON ANESTHESIA ASSOC. PO BOX 10439 TRENTON, NJ 08650 | | | | | | 47.60 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| HAMILTON CARDIOLOGY ASSOCIATES 2073 KLOCKNER ROAD HAMILTON, NJ 08690 | | | | | | 1,420.37 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| HARRY J. LAWALL & SON, INC. 8028 FRANKFORD AVENUE PHILADELPHIA, PA 19136 | | | | | | 2,239.51 |

Sheet no. 19 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 6,485.20

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| HARTFORD STEAM BOILER PO BOX 21045 CHICAGO, IL 60673 | | | | | | 50.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| HCANJ 4 AAA DRIVE SUITE 203 HAMILTON, NJ 08691-1803 | | | | | | 6,725.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| HCM GROUP LLC 40 VREELAND AVENUE SUITE 101D TOTOWA, NJ 07512 | | | | | | 9,989.71 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| HD SUPPLY FACILITIES MAINTENANCE PO BOX 509058 SAN DIEGO, CA 92150-9058 | | | | | | 597.44 |
| ACCOUNT NO. | | | | | | |
| Healthcare Quality Strategies 557 Cranbury Rd Ste 21 E. Brunswick, NJ 08816 | | | | | | 0.00 |

Sheet no. 20 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 17,362.15

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| HEALTHCARE SERVICES GROUP, INC SUITE 300 3220 TILLMAN DRIVE BENSALEM, PA 19020 | | | | | | 448,729.48 |
| ACCOUNT NO. | | | | | | |
| Heart and Soul Hospice 104 Pension Rd Englishtown, NJ 07726 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| HOLLAND INC. HEATING & AIR CONDITIONING 39 CONROW ROAD DELRAN NJ 08075 | | | | | | 381.60 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| HORIZON BLUE CROSS BLUE SHIELD PO BOX 1738 NEWARK, NJ 07101-1738 | | | | | | Notice Only |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Horizon Blue Cross Blue Shield Ste 1, 949 Raymond Blvd. Newark, NJ 07105 | | | | | | 12,698.92 |

Sheet no. 21 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 461,810.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Horizon Healthcare Svcs Three Penn Plaza East Newark, NJ 07105-2200 | | | | | | 0.00 |
| ACCOUNT NO. | | | | | | |
| Hospice of New Jersey 400 Broadacres Dr 4th Fl Bloomfield, NJ 07003 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| HUBCO HEALTH CARE GROUP 130 PENNINGTON WASHINGTON CROSSING ROAD Pennington, NJ 08534 | | | | | | 12,100.00 |
| ACCOUNT NO. | | | | | | |
| Integrated Health Admin Svcs 141 Halstead Ave Ste 304 Mamaroneck, NY 10543 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0039 | | | | | | 610.91 |

Sheet no. 22 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 12,710.91

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Taxes | | | | Notice Only |
| Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19114 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 250.00 |
| INTERNATIONAL HEALTHCARE VOLUNTEER | | | | | | |
| ACCOUNT NO. | | | | | | 0.00 |
| Invacare Corporation POB 4028 Elyria, OH 44036 | | | | | | |
| ACCOUNT NO. J5704 | | | | | | 0.00 |
| Iron Mountain Information Mgmt 3433 Progress Drive Bensalem, PA 19020 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 200.00 |
| JAFFE & ASHER LLP 600 THIRD AVENUE 9TH FLOOR NEW YORK, NY 10016-1901 | | | | | | |

Sheet no. 23 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 450.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| JAMES TAITSMAN 123 FRANKLIN CORNER ROAD LAWRENCEVILLE, NJ 08648 | | | | | | 438.40 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| JAY MALLET 28 JACOBS CORNER ROAD EWING, NJ 08628 | | | | | | 100.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| JERRY CASTALDO 3 GREENWICH DRIVE HIGH BRIDGE, NJ 08829-1607 | | | | | | 225.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| JOHN PATRICK PUBLISHING COMPANY PO BOX 5469 TRENTON, NJ 08638-0469 | | | | | | 1,310.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Jose Diaz 396 Holly Dr. Levittown, PA 19055 | | | | | | 600.00 |

Sheet no. 24 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,673.40

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| Joyce Tulloch 857 E. State St. Trenton, NJ 08609 | | | | | | 1,076.15 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| KAUFMAN DOLOWICH & VOLUCK LLP 135 CROSSWAYS PARK DRIVE SUITE 201 WOODBURY, NY 1179 | | | | | | 585.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| KEN JOHNSTONE 125 ELMWOOD ROAD FAIRLESS HILLS, PA 19030 | | | | | | 135.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| KODIAK SYSTEMS PO BOX 786436 PHILADELPHIA, PA 19178-6436 | | | | | | 1,805.40 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| L & I ELECTRIC PO BOX 3243 PRINCETON, NJ 08543 | | | | | | 80.25 |

Sheet no. 25 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,681.80

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| LA HAIR 733 BIRCH AVENUE PENNDDEL, PA 19047 | | | | | | 4,884.80 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| LAWRENCE ORTHOPAEDICS 4065 QUAKERBRIDGE ROAD PRINCETON JUMCTION, NJ 08550 | | | | | | 198.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| LAWRENCE TOWNSHIP TAX COLLECTOR PO BOX 6006 LAWRENCEVILLE, NJ 08648 | | | | | | Notice Only |
| ACCOUNT NO. | | | | | | |
| Lawrence Twp Board of Ed 2565 Princeton Pike Lawrenceville, NJ 08648 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Lawrence Twp Tax Collector 2207 Lawrence Road Lawrence Twp, NJ 08648 | | | | | | 103,279.68 |

Sheet no. 26 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 108,362.48

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Lawrenceville Nursing Home c/o Frank C. Puzio, President 231 Lambert Drive Princeton, NJ 08540 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Represents creditor | | | | |
| Lawrenceville Nursing Home, Inc. Attn: Carl J. Soranno, Esq. Brach Eichler LLC 101 Eisenhower Pkwy Roseland, NJ 07068 | | | | | | Notice Only |
| ACCOUNT NO. | | Consideration: Represents creditor | | | | |
| Lawrenceville Nursing Home, Inc. Attn: Stark & Stark, Rachel Stark, Esquire 993 Lenox Drive, Building Two Lawrenceville, NJ 08648 | | | | | | Notice Only |
| ACCOUNT NO. | | Consideration: Other | | | | |
| LAWRENCEVILLE RECREATION DEPT. PO Box 6006 Lawrenceville, NJ 08648 | | | | | | 120.00 |
| ACCOUNT NO. | | | | | | |
| Lawrenceville Urology PA 3120 Princeton Pike Lawrenceville, NJ 08648 | | | | | | 0.00 |

Sheet no. 27 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 120.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| LEADING EDGE CUTLERY SERVICE 318 9TH STREET FAIRVIEW, NJ 07022 | | | | | | 11.77 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Leila Evans 378 Reservoir St. Trenton, NJ 08618 | | | | | | 740.93 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| LESA ALDRIDGE 1212 BEAR TAVERN ROAD TITUSVILLE, NJ 08560 | | | | | | 3,775.00 |
| ACCOUNT NO. | | | | | | |
| LIFE St. Francis 1435 Liberty St. Hamilton, NJ 08629 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| LIFE SYSTEMS INC 7320 CENTRAL AVENUE SAVANNAH GA 31406 | | | | | | 7,686.45 |

Sheet no. 28 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 12,214.15

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| LINDA CUMBUS 52 CHAMBORD CT. HAMILTON, NJ 08619 | | | | | | 57.15 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| LINGUISYSTEMS 3100 4TH AVENUE EAST MOLINE, IL 61244-9700 | | | | | | 449.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| LIQUIDPOSH 575 EASTON AVENUE - 15L SOMERSET, NJ 08873 | | | | | | 162.50 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Lourdes Lodovica 184 Cypress Lane Hamilton, NJ 08619 | | | | | | 10.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| LTC CONSULTING SERVICES 7 RANDOLPH ROAD HOWELL, NJ 07731 | | | | | | 30,000.00 |

Sheet no. 29 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 30,678.65

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| M & M MEDICAL EQUIPMENT REPAIR PO BOX 604 BEAVERDALE, PA 15921 | | | | | | 1,136.50 |
| ACCOUNT NO. | | | | | | |
| Marcus & Millichap 270 Madison Ave # 7 New York, NY 10016-0601 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MARSHALL INDUSTRIAL TECHNOLOGIES 529 South Clinton Avenue Trenton, NJ 08611 | | | | | | 2,500.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MARTHA DAVIS | | | | | | 195.13 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MDI ACHIEVE PO BOX 86 MINNEAPOLIS MN 55486-2905 | | | | | | 4,606.00 |

Sheet no. 30 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 8,437.63

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| MEDCARE LLC 3535 ROUTE 66 BUILDING 3 NEPTUNE, NJ 07753-2624 | | | | | | 692.24 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MEDEAST POST-OP & SURGICAL PO BOX 822796 PHILADELPHIA, PA 19182-2796 | | | | | | 243.20 |
| ACCOUNT NO. | | | | | | |
| Medi-EMR LLC 90 Washington Valley Road Bedminster, NJ 07921 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MEDI-TRANSPORT OF NJ 2595 EAST STATE STREET HAMILTON, NJ 08619 | | | | | | 5,539.25 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MEDICAL REPAIR CENTER, INC. 432 LICOLN BLVD. MIDDLESEX, NJ 08846 | | | | | | 136.43 |

Sheet no. 31 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 6,611.12

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| MEDICAL SOLUTIONS GROUP INC 1 HEWITT SQUARE #123 EAST NORTHPORT, NY 11731 | | | | | | 9,579.50 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MEDICOM, LLC 1090 CONEY ISLAND AVE SUITE 202 BROOKLYN, NY 11230 | | | | | | 3,324.78 |
| ACCOUNT NO. | | | | | | |
| Medline Industries Inc. One Medline Place Mundelein, IL 60060 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Melissa Guglielmo 27 Village Drive Yardville, NJ 08620 | | | | | | 240.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MERCER BUCKS ORTHOPAEDICS PO BOX 8095 LANCASTER, PA 17604-8095 | | | | | | 30.94 |

Sheet no. 32 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 13,175.22

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Mercer County Comm College PO Box B Trenton, NJ 08690 | | | | | | 0.00 |
| ACCOUNT NO. | | | | | | |
| Mercer County Technical Schools 1085 Old Trenton Rd. Trenton, NJ 08690 | | | | | | 0.00 |
| ACCOUNT NO. | | | | | | |
| Mercer County Vo-Tech 1085 Old Trenton Rd. Trenton, NJ 08619 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MERCER FIRE PROTECTION 527 MULBERRY STREET TRENTON, NJ 08638 | | | | | | 1,846.50 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MERCER-BUCKS ORTHOPAEDICS PO BOX 848228 BOSTON, MA 02284-8228 | | | | | | 72.08 |

Sheet no. 33 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,918.58

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| METIS GROUP, LLC 14 PENN PLAZA SUITE 1800 NEW YORK, NY 10122 | | | | | | 7,250.00 |
| ACCOUNT NO. | | | | | | |
| Metropolitan Foods Inc dba Driscoll Foods 174 Delawanna Ave. Clifton, NJ 07011 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MICHAEL LAZAR 532 OLD MARLTON PIKE WEST PMB#106 MARLTON, NJ 08053 | | | | | | 150.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Michena Auguste Ulysse 1204 Hamilton Ave. Trenton, NJ 08629 | | | | | | 244.15 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MIDCO WASTE SYSTEMS 5 INDUSTRIAL DRIVE NEW BRUNSWICK, NJ 08901 | | | | | | 16,058.71 |

Sheet no. 34 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 23,702.86

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| MIDWAY INDUSTRIES PO BOX 370 REISTERSTOWN, MD 21136 | | | | | | 2,649.33 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Mobilex USA 930 Ridgebrook Rd 3rd Fl Sparks Glencoe, MD 21152-9390 | | | | | | 13,402.36 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MONROE MEDICAL SUPPLIES 2715 ROUTE 130 SOUTH CRANBURY, NJ 08512 | | | | | | 375.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| MOONEY GENERAL PAPER CO 1451 CHESTNUT AVENUE PO BOX 3800 HILLSIDE, NJ 07205 | | | | | | 349.23 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NATIONAL CARE SYSTEMS 170 53RD STREET BROOKLYN, NY 11232 | | | | | | 7,250.00 |

Sheet no. 35 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 24,025.92

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| NATIONAL DATACARE CORP PO BOX 222430 CHANTILLY, VA 20153-2430 | | | | | | 1,886.45 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NATIONAL INDUSTRIES 2727 PHILMONT AVENUE UNIT 340 HUNTINGDON VALLEY PA | | | | | | 229.74 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NATIONAL NUTRITION INC PO BOX 5383 2733 LITITZ PIKE LANCASTER, PA 17606-538 | | | | | | 1,105.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NEW HAMPSHIRE INSURANCE CO PO BOX 13706 NEWARK, NJ 07188 | | | | | | 109.64 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NEW JERSEY LABOR LAW POSTER SERV 5859 W SAGINAW HWY. #3443 LANSING, MI 48917-2460 | | | | | | 132.25 |

Sheet no. 36 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,463.08

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| NEW JERSEY SURGERY CENTER "1225 WHITEHORSE-MERCERVILLE RD BLDG D, SUITE 209 ME" | | | | | | 130.90 |
| ACCOUNT NO. | | | | | | |
| Nilesh Rana, MD 1531 Buck Creek Drive Yardley, PA 19067 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NINA'S | | | | | | 160.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NJ DIVISION OF FIRE SAFETY PO BOX 809 TRENTON, NJ 08625-0809 | | | | | | 1,321.00 |
| ACCOUNT NO. | | | | | | |
| NJ Eastern Star Home 111 Finderne Ave. Bridgewater, NJ 08807 | | | | | | 0.00 |

Sheet no. 37 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,611.90

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| NJ Nursing Home Provider Assessment NJ Div of Taxation 50 Barrack Street Trenton, NJ 08695-0198 | | | | | | 185,290.32 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NJ Nursing Home Provider Assessment NJ Div of Taxation Rev Processing Ctr PO Box 646 Trenton, NJ 08646 | | | | | | Notice Only |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NJAHS 13 ROSZEL ROAD SUITE C-200 PRINCETON, NJ 08540 | | | | | | 200.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NJAPA | | | | | | 235.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| NOLAN WILLENC CLASSICAL GUITARI 476 B BUCKINGHAM DRIVE MANCHESTER, NJ 08759 | | | | | | 75.00 |

Sheet no. 38 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 185,800.32

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| NUTRITION PLUS 40 VREELAND AVENUE SUITE 101D TOTOWA, NJ 07512 | | | | | | 6,501.00 |
| ACCOUNT NO. | | | | | | |
| Odyssey HealthCare Operatin B, LP 242 Old New Brunswick Rd Ste 140 Piscataway, NJ 08854 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| OLIVER SPRINKLER CO, INC 501 FEHELEY DRIVE KING OF PRUSSIA, PA 19406-2690 | | | | | | 1,119.30 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| OMEGA ENVIORNMENTAL SERVICES INC 280 HUYLER STREET SOUTH HACKENSACK, NJ 07606 | | | | | | 7,288.92 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ON-SITE HEALTH SERVICES 413 GERMANTOWN PIKE LAFAYETTE HILL, PA 19444 | | | | | | 165.00 |

Sheet no. 39 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 15,074.22

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| ONE STOP FINANCIAL SERVICES 1403 Oak Circle Lansdale, PA 19446-6076 | | | | | | 25.00 |
| ACCOUNT NO. | | | | | | |
| Our Town POB 3462 Mercerville, NJ 08619 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PARTNERS PHARMACY 70 JACKSON DRIVE CRANFORD, NJ 07016 | | | | | | 678,880.71 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PATIENT CARE ASSOCIATES INC 141 HALSTEAD AVE MAMARONECK, NY 10543 | | | | | | 964.19 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PAULA KROSNICK 1505 8TH STREET NW HICKORY, NC 28601 | | | | | | 57.98 |

Sheet no. 40 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ 679,927.88

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. Petro 2187 Atlantic St. Stamford, CT 06902 | | | | | | 0.00 |
| ACCOUNT NO. PHARMCARE USA 95 NEWFIELD AVENUE SUITE B EDISON, NJ 08837 | | Consideration: Other | | | | 87,504.53 |
| ACCOUNT NO. PHILIP ROSENAU CO, INC PO BOX 7777 PHILADELPHIA, PA 19175-0739 | | Consideration: Other | | | | 1,222.20 |
| ACCOUNT NO. PHONE OWNERS GROUP 1790 ROUTE 70 EAST CHERRY HILL, NJ 08003 | | Consideration: Other | | | | 232.73 |
| ACCOUNT NO. PHYSIATRY MANAGEMENT SERVICES "3111 ROUTE 38, #11 PMB 120 MOUNT LAUREL, NJ 08054" | | Consideration: Other | | | | 6,000.00 |

Sheet no. 41 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 94,959.46

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Physician Sales & Service 4345 Southpoint Boulevard Jacksonville, FL 32216 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PHYSIO-CONTROL, INC 12100 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693 | | | | | | 359.81 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PIEDMONT AVIARIES INC 9049 GREEN ROAD WARRENTON, VA 20187 | | | | | | 2,029.30 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PITNEY BOWES PO BOX 371887 PITTSBURGH, PA 15250-7887 | | | | | | 2,748.79 |
| ACCOUNT NO. | | | | | | |
| Prime HealthCare Staffing 27240 Haggerty Rd, E-15 Farmington Hills, MI 48331 | | | | | | 0.00 |

Sheet no. 42 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 5,137.90

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| PRIME REHABILITATION SERVICES 220 WHITE PLAINS ROAD SUITE 550 TARRYTOWN, NY 10591 | | | | | | 526,559.29 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PRIMEDICA, INC. 3500 FINANCIAL PLAZA SUITE 200 TALLAHASSEE, FL 32312 | | | | | | 318.45 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PRINCETON HEALTH CARE SYSTEM FOU 253 WITHERSPOON STREET PRINCETON, NJ 08540 | | | | | | 584.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PRINCETON HEALTHCARE SYSTEM 253 WITHERSPOON STREET PRINCETON, NJ 08540 | | | | | | 1,194.44 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PRINCETON PACKET 300 WITHERSPOON STREET PO BOX AJ PRINCETON, NJ 08542 | | | | | | 364.59 |

Sheet no. 43 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 529,020.77

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| PRINCETON RADIOLOGY 3674 ROUTE 27 KENDALL PARK, NJ 08824 | | | | | | 1,263.98 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PRINCETON REGIONAL CHAMBER OF CO 9 VANDEVENTER AVENUE PRINCETON, NJ 08542 | | | | | | 662.50 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PRINCETON REGIONAL ORTHO 256 BUNN DRIVE PRINCETON, NJ 08540 | | | | | | 65.48 |
| ACCOUNT NO. | | | | | | |
| Princetonian Graphics Inc. 45 Stouts Lane Ste 4 Monmouth Junction, NJ 08852 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| PSE&G Co Electric 8 Lyndon Dr. Hillsborough, NJ 08844-3033 | | | | | | 42,258.57 |

Sheet no. 44 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 44,250.53

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | Notice Only |
| PSE&G CO ELECTRIC PO BOX 14101 NEW BRUNSWICK, NJ 08906-4101 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 4,396.41 |
| PSE&G GAS PO BOX 14104 NEW BRUNSWICK, NJ 08906-4104 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 195.00 |
| PULMONARY MANAGEMENT INC 1985 EAST STATE STREET EXT HAMILTON, NJ 08619 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 1,687.38 |
| PURCHASE POWER PO BOX 856042 LOUISVILLE, KY 40285-6042 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 291.23 |
| QUALI-TEE 657 Rte 28 # 2 West Yarmouth, MA 02673-5034 | | | | | | |

Sheet no. 45 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 6,570.02

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| RAYMOND H. VALENTINO 244 PROBASCO ROAD EAST WINDSOR, NJ 08520 | | | | | | 300.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| RECOVER CARE KEY BANK LOCK BOX # 713222 895 CENTRAL AVE, STE 600 | | | | | | 11,459.75 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| RESIDENT FAMILY MEALS | | | | | | 130.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| RESPIRATORY HEALTH SERVICES PO BOX 7247 7480 PHILADELPHIA, PA 19170-7480 | | | | | | 10,904.96 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| RETRIEVEX PO BOX 415938 BOSTON, MA 02241-5938 | | | | | | 392.60 |

Sheet no. 46 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 23,187.31

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | 69.31 |
| RHONDA HUGHES | | | | | | |
| ACCOUNT NO. | | | | | | 0.00 |
| Rite-Air Mechanical 109 Edgewood Ave. Bellmawr, NJ 08031 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 5.00 |
| ROBERT MATTEO PO BOX 52 WASHINGTON, NJ 07882 | | | | | | |
| ACCOUNT NO. | | | | | | 0.00 |
| Rossi Psychological Group PA 62 E. Main St. Somerville, NJ 08876 | | | | | | |
| ACCOUNT NO. | | Consideration: Other | | | | 61.15 |
| SALADWORKS Eight Tower Bridge 161 Washington St, Ste 300 Conshohocken, PA 19428 | | | | | | |

Sheet no. 47 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 135.46

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| SAMMONS PRESTON PO BOX 93040 CHICAGO, IL 60673-3040 | | | | | | 42.94 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| SANITARY LINEN SUPPLY 1100 6TH AVENUE NEPTUNE, NJ 07753 | | | | | | 1,694.36 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| SEA BAY GAME CO. 77 CLIFFWOOD AVE STE 1-D CLIFFWOOD, NJ 07721 | | | | | | 227.28 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| Select Medical Corporation 4714 Gettysburg Road Mechanicsburg, PA 17055 | | | | | | 263,720.60 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| SELECT MEDICAL REHABILITATION SE PO BOX 643920 PITTSBURGH, PA 15264 | | | | | | Notice Only |

Sheet no. 48 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ 265,685.18

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| SERVICE PORT REFRIGERATION 340-A ANDREWS ROAD TREVOSE, PA 19053 | | | | | | 738.62 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| SHRED IT 796 HAUNTED LANE BENSALEM, PA 19020 | | | | | | 645.96 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| SINGER EQUIPMENT COMPANY "MITNICK & MALZBERG, P.C. PO BOX 429 FRENCHTOWN, NJ 0" | | | | | | 42.08 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ST. FRANCIS MEDICAL CENTER PO BOX 827800 PHILADELPHIA, PA 19182 | | | | | | 169.62 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| STEPHEN A. COBELL, LLC 1234 ROUTE 23 NORTH BUTLER, NJ 07405 | | | | | | 275.00 |

Sheet no. 49 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,871.28

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| STERICYCLE INC PO BOX 9001590 LOUISVILLE, KY 40290-1590 | | | | | | 1,050.45 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| STERN MOBILE FIELD OFFICES, INC PO BOX 218 FARMINGDALE, NJ 07727 | | | | | | 190.80 |
| ACCOUNT NO. | | Consideration: Professional Fees | | | | |
| Steven A. Cobell, LLC 1234 Rt. 23 North Butler, NJ 07405 | | | X | X | X | Unknown |
| ACCOUNT NO. | | Consideration: Other | | | | |
| SUCCESSFUL TITLE AGENCY 809 RIVER AVE LAKEWOOD, NJ 08701 | | | | | | 180.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| SUE MILLER 106 DRUMMOND DRIVE PENNINGTON, NJ 08534 | | | | | | 670.00 |

Sheet no. 50 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,091.25

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| SUMMIT SOFTWARE INC 85 BROADWAY SUITE F AMITYVILLE, NY 11701 | | | | | | 656.25 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| SUNSHINE FOUNDATION PO BOX 55130 TRENTON, NJ 08638-6130 | | | | | | 350.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| SUPERIOR LAMP INC PO BOX 566 MOORHEAD MN 56561-0566 | | | | | | 344.30 |
| ACCOUNT NO. | | | | | | |
| Symphony Diagnostic Svcs 185 Witmer Road Horsham, PA 19044 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| TAENZER,ETTENSON,STOCKTON & ABER 123 NORTH CHURCH STREET PO BOX 237 MOORESTOWN, NJ 08 | | | | | | 250.00 |

Sheet no. 51 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,600.55

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| TAYLOR RENTAL 448 Broadway Hillsdale, NJ 07642 | | | | | | 580.64 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| TEAMSTERS LOCAL 35 HEALTH FUND 620 US ROUTE 130 YARDVILLE, NJ 08691 | | | | | | 39,333.75 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| TEAMSTERS LOCAL 35 PENSION FUND 620 US ROUTE 130 YARDVILLE, NJ 08691 | | | | | | 17,330.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| TEAMSTERS LOCAL 35 UNION DUES 620 US ROUTE 130 YARDVILLE, NJ 08691 | | | | | | 0.50 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| TEICH GROH 691 STATE HIGHWAY #33 TRENTON, NJ 08619-4492 | | | | | | 4,768.80 |

Sheet no. 52 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 62,013.69

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| The Corporate Health Center 832 Brunswick Ave. Trenton, NJ 08638 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| THE FLAG KEEPERS 1108 LEE STREET KANNAPOLIS, NC 28081 | | | | | | 5.00 |
| ACCOUNT NO. | | | | | | |
| The Lawrence Ledger P.O. Box 350 Princeton, NJ 08542 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| THE PHONEOWNERS GROUP 1790 ROUTE 70 EAST CHERRY HILL, NJ 08003 | | | | | | 299.60 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| THE PRINCETON PACKET PO BOX AJ PRINCETON, NJ 08542-0116 | | | | | | 281.61 |

Sheet no. 53 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ► \$ 586.21

Total ► \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| The Star-Ledger 1 Star-Ledger Plaza Newark, NJ 07101 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| THE TIMES PO BOX 5757 HICKSVILLE, NY 11802-5757 | | | | | | 1,378.16 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| THE TIMES ADVERTISING PO BOX 5710 HICKSVILLE, NY 11802-5710 | | | | | | 950.60 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| THE TRENTONIAN ACCOUNTS RECEIVABLE PO BOX 231 TRENTON, NJ 08602-023 | | | | | | 282.42 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| TIFFANY MOSS | | | | | | 365.67 |

Sheet no. 54 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,976.85

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| TREASURER STATE OF NJ P. O. Box 002 Trenton, NJ 08625-0002 | | | | | | 255.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| TRENTON ORTHOPAEDIC GROUP PO BOX 850052173 PHILADELPHIA, PA 19178-2173 | | | | | | 2,310.39 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| TRENTON THUNDER BASEBALL 1 Thunder Road Trenton, NJ 08611 | | | | | | 769.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| TRENTON WATER WORKS PO BOX 528 TRENTON, NJ 08604-0528 | | | | | | 10,157.64 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ULTRASOUND SERVICES INC 27 BLACKSMITH ROAD- #200 NEWTOWN, PA 18940 | | | | | | 155.32 |

Sheet no. 55 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 13,647.35

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| UNITED FEDERATED SYSTEMS INC 40 VREELAND AVENUE SUITE 105 TOTOWA, NJ 07512 | | | | | | 346.00 |
| ACCOUNT NO. | | | | | | |
| Uroskills Urology PC 151 Fries Mill Road # 301 Blackwood, NJ 08012-2016 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| US MARKETING 40-14 24TH STREET LONG ISLAND CITY, NY 11101 | | | | | | 11.98 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| US POST ACUTE SERVICE SOLUTIONS 2029 MORRIS AVENUE SUITE 2 UNION, NJ 07083 | | | | | | 53,714.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| VERIZON PO BOX 4833 TRENTON, NJ 08650-4833 | | | | | | 159.65 |

Sheet no. 56 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 54,231.63

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| VERIZON WIRELESS PO BOX 25505 LEHIGH VALLEY, PA 18002-5505 | | | | | | 4,237.93 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| VERIZON/DUBOW PO BOX 4830 TRENTON, NJ 08650-4830 | | | | | | 101.55 |
| ACCOUNT NO. | | | | | | |
| VNA Home Care of Mercer County 171 Jersey St. Trenton, NJ 08611 | | | | | | 0.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| WB MASON 59 CENTRE STREET BROCKTON, MA 02301-4014 | | | | | | 584.66 |
| ACCOUNT NO. | | | | | | |
| Weigh to Go LLC 1339 Ells Mill Road Mullica Hill, NJ 08062 | | | | | | 0.00 |

Sheet no. 57 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 4,924.14

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | Consideration: Other | | | | |
| WELCO PO BOX 7777 PHILADELPHIA, PA 19175-2075 | | | | | | 1,454.96 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| WILLIAM GARFINKLE 89 BROWNING ROAD SHORT HILLS, NJ 07078 | | | | | | 300.00 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| WOUND CARE CONCEPTS 2701 BARTRAM ROAD BRISTOL, PA 19007 | | | | | | 3,674.36 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| WOUND HEALING TECHNOLOGIES 1901 JOHN P DEVANEY BLVD BROOKLYN, NY 11215 | | | | | | 2,814.30 |
| ACCOUNT NO. | | Consideration: Other | | | | |
| ZEP MANUFACTURING COMPANY PO BOX # 3338 BOSTON, MA 02241-3338 | | | | | | 224.08 |

Sheet no. 58 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ 8,467.70

Total ▶ \$ 3,132,483.62

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re Miller Health Care, LLC

Debtor

Case No. _____

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
| Lawrenceville Nursing Home, Inc. Attn: Stark & Stark, Rachel Stark, Esquire 993 Lenox Drive, Building Two Lawrenceville, NJ 08648 | Lease for business Lease on nonresidential real property |
| Lawrenceville Nursing Home c/o Frank C. Puzio, President 231 Lambert Drive Princeton, NJ 08540 | Lease for business Lease on nonresidential real property |
| Lawrenceville Nursing Home, Inc. Attn: Carl J. Soranno, Esq. Brach Eichler LLC 101 Eisenhower Pkwy Roseland, NJ 07068 | Lease for business Lease on nonresidential real property |
| | |
| | |
| | |
| | |

In re Miller Health Care, LLC
Debtor

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
DISTRICT OF NEW JERSEY

In re Miller Health Care, LLC
Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|---------------|---------------|-----------------|---------|
| A – Real Property | YES | 1 | \$ 0.00 | | |
| B – Personal Property | YES | 3 | \$ 455,462.25 | | |
| C – Property Claimed as exempt | YES | 1 | | | |
| D – Creditors Holding Secured Claims | YES | 1 | | \$ 6,544.43 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | YES | 2 | | \$ 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | YES | 59 | | \$ 3,132,483.62 | |
| G - Executory Contracts and Unexpired Leases | YES | 1 | | | |
| H - Codebtors | YES | 1 | | | |
| I - Current Income of Individual Debtor(s) | YES | 1 | | | \$ 0.00 |
| J - Current Expenditures of Individual Debtors(s) | YES | 1 | | | \$ 0.00 |
| TOTAL | | 71 | \$ 455,462.25 | \$ 3,139,028.05 | |

In re Miller Health Care, LLC
Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☒ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|---------|
| Domestic Support Obligations (from Schedule E) | \$ N.A. |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ N.A. |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ N.A. |
| Student Loan Obligations (from Schedule F) | \$ N.A. |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ N.A. |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ N.A. |
| TOTAL | \$ N.A. |

State the Following:

| | |
|---|---------|
| Average Income (from Schedule I, Line 16) | \$ N.A. |
| Average Expenses (from Schedule J, Line 18) | \$ N.A. |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20) | \$ N.A. |

State the Following:

| | | |
|--|---------|---------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ N.A. |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ N.A. | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ N.A. |
| 4. Total from Schedule F | | \$ N.A. |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ N.A. |

Miller Health Care, LLC

In re _____ Case No. _____
Debtor (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____
Debtor

Date _____

Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the Managing Member [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the Miller Health Care, LLC [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 73 sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date June 18, 2011

Signature: /s/ Thomas Miller

THOMAS MILLER

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In Re Miller Health Care, LLCCase No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | AMOUNT | SOURCE |
|------|---------|------------------------------------|
| 2011 | 49,400 | Employment, all figures estimated. |
| 2010 | 169,000 | |
| 2009 | | |

2. Income other than from employment or operation of business

None



State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None



Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT STILL
OWING

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR
AND RELATIONSHIP TO DEBTOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT STILL
OWING

Accounts Payable List to be Supplied

None



c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR
AND RELATIONSHIP TO DEBTOR

DATES OF
PAYMENTS

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR
AGENCY AND LOCATION

STATUS OR
DISPOSITION

Various

Partners Pharmacy

Civil

NJ Superior Court

Pending

Prime Rehabilitation
Services, Inc.

Civil

NJ Superior Court

Pending

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
PERSON FOR WHOSE BENEFIT
PROPERTY WAS SEIZED

DATE OF
SEIZURE

DESCRIPTION AND
VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS OF
CREDITOR OR SELLER

DATE OF REPOSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN

DESCRIPTION AND
VALUE OF PROPERTY

6. Assignments and Receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS
OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF
ASSIGNMENT
OR SETTLEMENT

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS
OF CUSTODIAN

NAME AND LOCATION
OF COURT CASE TITLE
& NUMBER

DATE OF
ORDER

DESCRIPTION AND
VALUE OF PROPERTY

7. Gifts

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS OF
PERSON OR ORGANIZATION

RELATIONSHIP
TO DEBTOR, IF ANY

DATE OF
GIFT

DESCRIPTION AND
VALUE OF GIFT

8. Losses

None



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION
AND VALUE
OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS
WAS COVERED IN WHOLE OR IN PART BY
INSURANCE, GIVE PARTICULARS

DATE OF
LOSS

9. Payments related to debt counseling or bankruptcy

None

☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|--|---|---|
| Subranni Zaubert LLC 1624 Pacific Avenue POB 1913 Atlantic City, NJ 08404 | May 26, 2011 | \$15,000.00 |
| Subranni Zaubert LLC 1624 Pacific Avenue POB 1913 Atlantic City, NJ 08404 | June 10, 2011 | \$100,000.00 \$35,090.00 pre-petition, \$94,910.00 in retainer |
| Subranni Zaubert LLC 1624 Pacific Avenue POB 1913 Atlantic City, NJ 08404 | April 28, 2011 | \$15,000.00 |

10. Other transfers

None

☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|--|------|--|
|--|------|--|

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

☒

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |
|-------------------------------|------------------------|---|
|-------------------------------|------------------------|---|

11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|--|------------------------------------|
|---------------------------------|--|------------------------------------|

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|--|---|-------------------------|---------------------------------------|
|--|---|-------------------------|---------------------------------------|

13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|-----------------------------------|----------------------|
|---------------------------|-----------------------------------|----------------------|

15. Prior address of debtor

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME
AND ADDRESS

NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DATE OF
NOTICE

ENVIRONMENTAL
LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|--|---------------|-----------------------|
|--|---------------|-----------------------|

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|------|--|---------|--------------------|-------------------------------|
|------|--|---------|--------------------|-------------------------------|

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



| NAME | ADDRESS |
|------|---------|
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, record and financial statements

None ☐ a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

Ronald Singer, CPA
Ronald Singer and Associates LLC
2655 Philmont Ave. Suite 100
Huntingdon Valley, PA 19006

January 2010 - Present

Stephen A. Cobell, CPA/MBA
Metis Group LLC
222 Mount Airy Road
Basking Ridge, NJ 07920

March 2006 - December 2009

None ☒ b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE
ISSUED

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF
INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF
STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

23. Withdrawals from a partnership or distribution by a corporation

None ☒ If the debtor is a partnership or a corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

| NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

25. Pension Funds

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

| NAME OF PENSION FUND | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------|--------------------------------------|
|----------------------|--------------------------------------|

* * * * *

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date June 18, 2011 Signature /s/ Thomas Miller
THOMAS MILLER,
Managing Member

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

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NOVI, MI 48377

ACHCA
PO BOX 75060
BALTIMORE, MD 21275-5060

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EAST BRUNSWICK, NJ 08816

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127 ROUTE 206 SUITE 35
HAMILTON, NJ 08610

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Lawrence Twp, NJ 08648-1461

AMARACHI ANABARONYE

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Jacksonville, FL 32202

American Hospitals Patient Guide
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Schenectady, NY 12301

American Hospitals Pub Group
POB 1031
Schenectady, NY 12301

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8000 Midlantic Dr # 333N
Mount Laurel, NJ 08054-1518

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SOLUTIONS, LLC
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CHARLOTTE, NC
28289-0271

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232 Strawbridge Dr.
Moorestown, NJ 08057

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11555-9242

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Cranford, NJ 07016

Care Associates Network
147 Columbia Tpke Ste 302
Florham Park, NJ 07932

CAREMED INC
PO BOX 67
CEDARHURST, NY 11516

Caring Hospice Services
400 Commerce Dr Ste C
Fort Washington, PA 19034

CENTRAL CARE
SOLUTIONS
1420 E LINDEN AVENUE
LINDEN, NJ 07036

CertaPro Painters
300 Mill St.
Moorestown, NJ 08057

CHE Senior Care Therapy
85 Crescent Ave.
Passaic, NJ 07055

Cherry Hill Pharmacy LTC
1951 Old Cuthbert Rd Ste 306
Cherry Hill, NJ 08034

Chicago Insurance Company
55 E. Monroe St.
Chicago, IL 60603

CHILDREN'S BREAD DELIVERANCE

Chinenye Onyenali
113 Johnston Ave.
Hamilton, NJ 08609

CHOICE CARE CARD LLC
76 MCNEIL ROAD 2ND FLOOR
WATERBURY CENTER, VT 05677

CHS, INC - MERCER CAMPUS
PO BOX 8500-1576
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CHS, INC. - FULD CAMPUS
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COLORADO SPRINGS, CO
80933-7789

CROKER FIRE DRILL CORP
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ISLIP TERRACE, NY 11752-0368

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2670 NOTTINGHAM WAY
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Heart and Soul Hospice
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HOLLAND INC.
HEATING & AIR
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DELRAN NJ 08075

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Integrated Health Admin Svcs
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Internal Revenue Service
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Trenton, NJ 08609

KAUFMAN DOLOWICH & VOLUCK
LLP
135 CROSSWAYS PARK DRIVE
SUITE 201
WOODBURY, NY 1179

KEN JOHNSTONE
125 ELMWOOD ROAD
FAIRLESS HILLS, PA 19030

KODIAK SYSTEMS
PO BOX 786436
PHILADELPHIA, PA
19178-6436

L & I ELECTRIC
PO BOX 3243
PRINCETON, NJ 08543

LA HAIR
733 BIRCH AVENUE
PENNDDEL, PA 19047

LAWRENCE
ORTHOPAEDICS
4065 QUAKERBRIDGE
ROAD
PRINCETON JUMCTION,
NJ 08550

LAWRENCE TOWNSHIP TAX
COLLECTOR
PO BOX 6006
LAWRENCEVILLE, NJ 08648

Lawrence Twp Board of Ed
2565 Princeton Pike
Lawrenceville, NJ 08648

Lawrence Twp Tax Collector
2207 Lawrence Road
Lawrence Twp, NJ 08648

Lawrenceville Nursing Home
c/o Frank C. Puzio, President
231 Lambert Drive
Princeton, NJ 08540

Lawrenceville Nursing Home
c/o Frank C. Puzio, President
231 Lambert Drive
Princeton, NJ 08540

Lawrenceville Nursing Home,
Inc.
Attn: Carl J. Soranno, Esq.
Brach Eichler LLC
101 Eisenhower Pkwy
Roseland, NJ 07068

Lawrenceville Nursing Home, Inc.
Attn: Carl J. Soranno, Esq.
Brach Eichler LLC
101 Eisenhower Pkwy
Roseland, NJ 07068

Lawrenceville Nursing Home, Inc.
Attn: Stark & Stark, Rachel Stark, Esquire
993 Lenox Drive, Building Two
Lawrenceville, NJ 08648

Lawrenceville Nursing Home,
Inc.
Attn: Stark & Stark, Rachel
Stark, Esquire
993 Lenox Drive, Building
Two

LAWRENCEVILLE RECREATION
DEPT.
PO Box 6006
Lawrenceville, NJ 08648

Lawrenceville Urology PA
3120 Princeton Pike
Lawrenceville, NJ 08648

LAWRENCEVILLE LEADERSHIP CUTLERY
SERVICE
318 9TH STREET
FAIRVIEW, NJ 07022

Leila Evans
378 Reservoir St.
Trenton, NJ 08618

LESA ALDRIDGE
1212 BEAR TAVERN ROAD
TITUSVILLE, NJ 08560

LIFE St. Francis
1435 Liberty St.
Hamilton, NJ 08629

LIFE SYSTEMS INC
7320 CENTRAL AVENUE
SAVANNAH GA 31406

LINDA CUMBUS
52 CHAMBORD CT.
HAMILTON, NJ 08619

LINGUISYTEMs
3100 4TH AVENUE EAST
MOLINE, IL 61244-9700

LIQUIDPOSH
575 EASTON AVENUE - 15L
SOMERSET, NJ 08873

Lourdes Lodovica
184 Cypress Lane
Hamilton, NJ 08619

LTC CONSULTING
SERVICES
7 RANDOLPH ROAD
HOWELL, NJ 07731

M & M MEDICAL EQUIPMENT
REPAIR
PO BOX 604
BEAVERDALE, PA 15921

Marcus & Millichap
270 Madison Ave # 7
New York, NY 10016-0601

MARSHALL INDUSTRIAL
TECHNOLOGIES
529 South Clinton Avenue
Trenton, NJ 08611

MARTHA DAVIS

MDI ACHIEVE
PO BOX 86
MINNEAPOLIS MN 55486-2905

MEDCARE LLC
3535 ROUTE 66 BUILDING
3
NEPTUNE, NJ 07753-2624

MEDEAST POST-OP & SURGICAL
PO BOX 822796
PHILADELPHIA, PA 19182-2796

Medi-EMR LLC
90 Washington Valley Road
Bedminster, NJ 07921

MEDI-TRANSPORT OF NJ
2595 EAST STATE STREET
HAMILTON, NJ 08619

MEDICAL REPAIR CENTER, INC.
432 LICOLN BLVD.
MIDDLESEX, NJ 08846

MEDICAL SOLUTIONS GROUP INC
1 HEWITT SQUARE #123
EAST NORTHPORT, NY 11731

MEDICOM, LLC
1090 CONEY ISLAND AVE
SUITE 202
BROOKLYN, NY 11230

Medline Industries Inc.
One Medline Place
Mundelein, IL 60060

Melissa Guglielmo
27 Village Drive
Yardville, NJ 08620

MERCER BUCKS
ORTHOPAEDICS
PO BOX 8095
LANCASTER, PA
17604-8095

Mercer County Comm College
PO Box B
Trenton, NJ 08690

Mercer County Technical Schools
1085 Old Trenton Rd.
Trenton, NJ 08690

Mercer County Vo-Tech
1085 Old Trenton Rd.
Trenton, NJ 08619

MERCER FIRE PROTECTION
527 MULBERRY STREET
TRENTON, NJ 08638

MERCER-BUCKS ORTHOPAEDICS
PO BOX 848228
BOSTON, MA 02284-8228

METIS GROUP, LLC
14 PENN PLAZA SUITE
1800
NEW YORK, NY 10122

Metropolitan Foods Inc
dba Driscoll Foods
174 Delawanna Ave.
Clifton, NJ 07011

MICHAEL LAZAR
532 OLD MARLTON PIKE
WEST PMB#106
MARLTON, NJ 08053

Michena Auguste Ulysse
1204 Hamilton Ave.
Trenton, NJ 08629

MIDCO WASTE SYSTEMS
5 INDUSTRIAL DRIVE
NEW BRUNSWICK, NJ 08901

MIDWAY INDUSTRIES
PO BOX 370
REISTERSTOWN, MD 21136

Mobilex USA
930 Ridgebrook Rd 3rd Fl
Sparks Glencoe, MD
21152-9390

MONROE MEDICAL SUPPLIES
2715 ROUTE 130
SOUTH CRANBURY, NJ 08512

MOONEY GENERAL PAPER CO
1451 CHESTNUT AVENUE
PO BOX 3800
HILLSIDE, NJ 07205

NATIONAL CARE
SYSTEMS
170 53RD STREET
BROOKLYN, NY 11232

NATIONAL DATACARE CORP
PO BOX 222430
CHANTILLY, VA 20153-2430

NATIONAL INDUSTRIES
2727 PHILMONT AVENUE
UNIT 340
HUNTINGDON VALLEY PA

NATIONAL NUTRITION
INC
PO BOX 5383
2733 LITITZ PIKE
LANCASTER, PA 17606-538

NEW HAMPSHIRE INSURANCE CO
PO BOX 13706
NEWARK, NJ 07188

NEW JERSEY LABOR LAW POSTER
SERV
5859 W SAGINAW HWY. #3443
LANSING, MI 48917-2460

NEW JERSEY SURGERY
CENTER
"1225
WHITEHORSE-MERCERVILLE
RD BLDG D, SUITE 209
ME"
NJ DIVISION OF FIRE
SAFETY
PO BOX 809
TRENTON, NJ 08625-0809

Nilesh Rana, MD
1531 Buck Creek Drive
Yardley, PA 19067

NINA'S

NJ Eastern Star Home
111 Finderne Ave.
Bridgewater, NJ 08807

NJ Nursing Home Provider Assessment
NJ Div of Taxation
50 Barrack Street
Trenton, NJ 08695-0198

NJ Nursing Home Provider
Assessment
NJ Div of Taxation Rev
Processing Ctr
PO Box 646
Trenton, NJ 08646
NOLAN WILLENC
CLASSICAL GUITARI
476 B BUCKINGHAM
DRIVE
MANCHESTER, NJ 08759

NJAHS
13 ROSZEL ROAD SUITE C-200
PRINCETON, NJ 08540

NJAPA

NUTRITION PLUS
40 VREELAND AVENUE SUITE 101D
TOTOWA, NJ 07512

Odyssey HealthCare Operatin B, LP
242 Old New Brunswick Rd Ste 140
Piscataway, NJ 08854

OLIVER SPRINKLER CO,
INC
501 FEHELEY DRIVE
KING OF PRUSSIA, PA
19406-2690

OMEGA ENVIORNMENTAL SERVICES
INC
280 HUYLER STREET
SOUTH HACKENSACK, NJ 07606

ON-SITE HEALTH SERVICES
413 GERMANTOWN PIKE
LAFAYETTE HILL, PA 19444

ONE STOP FINANCIAL
SERVICES
1403 Oak Circle
Lansdale, PA 19446-6076

Our Town
POB 3462
Mercerville, NJ 08619

PARTNERS PHARMACY
70 JACKSON DRIVE
CRANFORD, NJ 07016

PATIENT CARE
ASSOCIATES INC
141 HALSTEAD AVE
MAMARONECK, NY 10543

PAULA KROSNICK
1505 8TH STREET NW
HICKORY, NC 28601

Petro
2187 Atlantic St.
Stamford, CT 06902

PHARMCARE USA
95 NEWFIELD AVENUE
SUITE B
EDISON, NJ 08837

PHILIP ROSENAU CO, INC
PO BOX 7777
PHILADELPHIA, PA 19175-0739

PHONE OWNERS GROUP
1790 ROUTE 70 EAST
CHERRY HILL, NJ 08003

PHYSIATRY
MANAGEMENT SERVICES
"3111 ROUTE 38, #11 PMB
120
MOUNT LAUREL, NJ
08054"

Physician Sales & Service
4345 Southpoint Boulevard
Jacksonville, FL 32216

PHYSIO-CONTROL, INC
12100 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

PIEDMONT AVIARIES INC
9049 GREEN ROAD
WARRENTON, VA 20187

PITNEY BOWES
PO BOX 371887
PITTSBURGH, PA 15250-7887

Prime HealthCare Staffing
27240 Haggerty Rd, E-15
Farmington Hills, MI 48331

PRIME REHABILITATION
SERVICES
220 WHITE PLAINS ROAD
SUITE 550
TARRYTOWN, NY 10591

PRIMEDICA, INC.
3500 FINANCIAL PLAZA SUITE 200
TALLAHASSEE, FL 32312

PRINCETON HEALTH CARE SYSTEM
FOU
253 WITHERSPOON STREET
PRINCETON, NJ 08540

PRINCETON HEALTHCARE
SYSTEM
253 WITHERSPOON
STREET
PRINCETON, NJ 08540

PRINCETON PACKET
300 WITHERSPOON STREET PO BOX
AJ
PRINCETON, NJ 08542

PRINCETON RADIOLOGY
3674 ROUTE 27
KENDALL PARK, NJ 08824

PRINCETON REGIONAL
CHAMBER OF CO
9 VANDEVENTER AVENUE

PRINCETON, NJ 08542

PRINCETON REGIONAL ORTHO
256 BUNN DRIVE
PRINCETON, NJ 08540

Princetonian Graphics Inc.
45 Stouts Lane Ste 4
Monmouth Junction, NJ 08852

PSE&G Co Electric
8 Lyndon Dr.
Hillsborough, NJ 08844-3033

PSE&G CO ELECTRIC
PO BOX 14101
NEW BRUNSWICK, NJ 08906-4101

PSE&G GAS
PO BOX 14104
NEW BRUNSWICK, NJ 08906-4104

PULMONARY
MANAGEMENT INC
1985 EAST STATE STREET
EXT
HAMILTON, NJ 08619

PURCHASE POWER
PO BOX 856042
LOUISVILLE, KY 40285-6042

QUALI-TEE
657 Rte 28 # 2
West Yarmouth, MA 02673-5034

RAYMOND H. VALENTINO
244 PROBASCO ROAD
EAST WINDSOR, NJ 08520

RECOVER CARE
KEY BANK LOCK BOX # 713222
895 CENTRAL AVE, STE 600

RESIDENT FAMILY MEALS

RESPIRATORY HEALTH
SERVICES
PO BOX 7247 7480
PHILADELPHIA, PA
19170-7480

RETRIEVEX
PO BOX 415938
BOSTON, MA 02241-5938

RHONDA HUGHES

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109 Edgewood Ave.
Bellmawr, NJ 08031

ROBERT MATTEO
PO BOX 52
WASHINGTON, NJ 07882

Rossi Psychological Group PA
62 E. Main St.
Somerville, NJ 08876

SALADWORKS
Eight Tower Bridge
161 Washington St, Ste 300
Conshohocken, PA 19428

SAMMONS PRESTON
PO BOX 93040
CHICAGO, IL 60673-3040

SANITARY LINEN SUPPLY
1100 6TH AVENUE
NEPTUNE, NJ 07753

SEA BAY GAME CO.
77 CLIFFWOOD AVE STE
1-D
CLIFFWOOD, NJ 07721

Select Medical Corporation
4714 Gettysburg Road
Mechanicsburg, PA 17055

SELECT MEDICAL REHABILITATION
SE
PO BOX 643920
PITTSBURGH, PA 15264

SERVICE PORT
REFRIGERATION
340-A ANDREWS ROAD
TREVORE, PA 19053

SHRED IT
796 HAUNTED LANE
BENSALEM, PA 19020

SINGER EQUIPMENT COMPANY
"MITNICK & MALZBERG, P.C. PO BOX
429
FRENCHTOWN, NJ 0"

ST. FRANCIS MEDICAL
CENTER
PO BOX 827800
PHILADELPHIA, PA 19182

STEPHEN A. COBELL, LLC
1234 ROUTE 23
NORTH BUTLER, NJ 07405

STERICYCLE INC
PO BOX 9001590
LOUISVILLE, KY 40290-1590

STERN MOBILE FIELD
OFFICES, INC
PO BOX 218
FARMINGDALE, NJ 07727

Steven A. Cobell, LLC
1234 Rt. 23 North
Butler, NJ 07405

SUCCESSFUL TITLE AGENCY
809 RIVER AVE
LAKEWOOD, NJ 08701

SUE MILLER
106 DRUMMOND DRIVE
PENNINGTON, NJ 08534

SUMMIT SOFTWARE INC
85 BROADWAY SUITE F
AMITYVILLE, NY 11701

SUNSHINE FOUNDATION
PO BOX 55130
TRENTON, NJ 08638-6130

SUPERIOR LAMP INC
PO BOX 566
MOORHEAD MN
56561-0566

Symphony Diagnostic Svcs
185 Witmer Road
Horsham, PA 19044

TAENZER,ETTENSON,STOCKTON &
ABER
123 NORTH CHURCH STREET PO BOX
237
MOORESTOWN, NJ 08

TAYLOR RENTAL
448 Broadway
Hillsdale, NJ 07642

TEAMSTERS LOCAL 35 HEALTH
FUND
620 US ROUTE 130
YARDVILLE, NJ 08691

TEAMSTERS LOCAL 35 PENSION
FUND
620 US ROUTE 130
YARDVILLE, NJ 08691

TEAMSTERS LOCAL 35
UNION DUES
620 US ROUTE 130
YARDVILLE, NJ 08691

TEICH GROH
691 STATE HIGHWAY #33
TRENTON, NJ 08619-4492

The Corporate Health Center
832 Brunswick Ave.
Trenton, NJ 08638

THE FLAG KEEPERS
1108 LEE STREET
KANNAPOLIS, NC 28081

The Lawrence Ledger
P.O. Box 350
Princeton, NJ 08542

THE PHONEOWNERS GROUP
1790 ROUTE 70 EAST
CHERRY HILL, NJ 08003

THE PRINCETON PACKET
PO BOX AJ
PRINCETON, NJ 08542-0116

The Star-Ledger
1 Star-Ledger Plaza
Newark, NJ 07101

THE TIMES
PO BOX 5757
HICKSVILLE, NY 11802-5757

THE TIMES ADVERTISING
PO BOX 5710
HICKSVILLE, NY
11802-5710

THE TRENTONIAN
ACCOUNTS RECEIVABLE PO BOX 231

TIFFANY MOSS

TREASURER STATE OF NJ
P. O. Box 002
Trenton, NJ 08625-0002

TRENTON, NJ 08602-023

TRENTON ORTHOPAEDIC GROUP
PO BOX 850052173
PHILADELPHIA, PA 19178-2173

TRENTON THUNDER BASEBALL
1 Thunder Road
Trenton, NJ 08611

TRENTON WATER WORKS
PO BOX 528
TRENTON, NJ 08604-0528

ULTRASOUND SERVICES INC
27 BLACKSMITH ROAD- #200
NEWTOWN, PA 18940

UNITED FEDERATED SYSTEMS INC
40 VREELAND AVENUE SUITE 105
TOTOWA, NJ 07512

Uroskills Urology PC
151 Fries Mill Road # 301
Blackwood, NJ 08012-2016

US MARKETING
40-14 24TH STREET
LONG ISLAND CITY, NY 11101

US POST ACUTE SERVICE SOLUTIONS
2029 MORRIS AVENUE SUITE 2
UNION, NJ 07083

VERIZON
PO BOX 4833
TRENTON, NJ 08650-4833

VERIZON WIRELESS
PO BOX 25505
LEHIGH VALLEY, PA 18002-5505

VERIZON/DUBOW
PO BOX 4830
TRENTON, NJ 08650-4830

VNA Home Care of Mercer
County
171 Jersey St.
Trenton, NJ 08611

WB MASON
59 CENTRE STREET
BROCKTON, MA 02301-4014

Weigh to Go LLC
1339 Ells Mill Road
Mullica Hill, NJ 08062

WELCO
PO BOX 7777
PHILADELPHIA, PA
19175-2075

WILLIAM GARFINKLE
89 BROWNING ROAD
SHORT HILLS, NJ 07078

WOUND CARE CONCEPTS
2701 BARTRAM ROAD
BRISTOL, PA 19007

WOUND HEALING
TECHNOLOGIES
1901 JOHN P DEVANEY
BLVD
BROOKLYN, NY 11215

ZEP MANUFACTURING COMPANY
PO BOX # 3338
BOSTON, MA 02241-3338

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re Miller Health Care, LLC,
Debtor

Case No. _____

Chapter 11

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 10 pages, is true, correct and complete to the best of my knowledge.

Date June 18, 2011

Signature /s/ Thomas Miller
THOMAS MILLER,
Managing Member

In re Miller Health Care, LLC,
Debtor

Case No. _____
Chapter 11

List of Equity Security Holders

| Holder of Security | Number Registered | Type of Interest |
|--------------------|-------------------|------------------|
|--------------------|-------------------|------------------|

B203
12/94

United States Bankruptcy Court
DISTRICT OF NEW JERSEY

In re Miller Health Care, LLC

Case No. _____

Chapter 11

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 94,910.00

Prior to the filing of this statement I have received \$ 0.00

Balance Due \$ 94,910.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

The retainer agreement is incorporated by reference.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

The retainer agreement is incorporated by reference.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

June 18, 2011

Date

/s/ Scott M. Zauber, Esq.

Signature of Attorney

Subranni Zauber LLC

Name of law firm